

Incident Report Form

Your name: _____

Your phone number: () - _____

District/Ward: _____

1. Please describe the incident:

2. Election officials with knowledge of the incident:

| Name | Title | Phone Number |
|-------|-------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

3. Other people with knowledge of the incident:

| Name | Title | Phone Number |
|-------|-------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |